Introduction

Preterm labour is presence of contraction of sufficient strength and frequency to effect progressive effacement and dilation of cervix between 20 and 37 weeks gestation **(Wex et al., 2009).**

Preterm delivery is a leading cause of neonatal morbidity and mortality. The main focus has pointed to preterm infant with a birth weight below 2000 grams **(Mwansa –kambufwile et al., 2010).**

Most premature births happen after naturally occurring spontaneous preterm labour however 1 in 4 premature births occure after induction of labour. Induction of labour for preeclampsia or placental abruption are called indicated preterm labour. Delivery before 20 weak completed week of pregnancy is called miscarriage **(Rebort and Goldenberg, 2002).**

There is overwhelming evidence to implicate infection as possible cause of preterm labour. A number of studies have confirmed that women with bacterial vaginosis during pregnancy have a significantly increased risk of delivering preterm compared to those with normal vaginal flora **(Laudunski et al., 2007).**

Bacterial Vaginosis (B.V.) is a polymicrobial disorder characterized by increase in vaginal pH over 4.5, reduction or absence of lactobacillus colonization and overgrowth of several facultative and obligatory anaerobic bacteria **(Hilmarsdottir et al., 2006).**

It is the commonest cause of lower genital tract infection among women in child bearing period although 30 – 40% of the cases are asymptomatic **(Hay et al., 1992).**

No single microorganism is detected in all women with B.V. though Gardnerella vaginalis (G.V.), Bacteroides species and Mycoplasma hominis (M. hominis) were detected in most studies **(Livengood, 2009).**

Bacterial vaginosis is the commonest cause of vaginal discharge occurring in women attending obstetrics and gynecological clinics **(Kean et al., 2006).**

Ascending infection of the lower genital tract in pregnancy is associated with preterm labour **(Terzidou and Bennett, 2002).**

Bacterial vaginosis is diagnosed in up to 23% of pregnant women, it is linked to pregnancy complications including miscarriage, preterm labour, premature rupture of membrane, amniotic fluid infection and postpartum infection **(Shahgeibi et al., 2009).**

Intrauterine infection and inflamation are frequently association with preterm labour and delivery and at least 40% (positive, amniotic fluid & chorioamniotic space culture) of all preterm birth have been estimated to occure with mothers who have an intrauterine infection, which is largely subclinicical **(Romero et al., 2003).**